

Appendices

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Appendix A. Inventory of Data on Local Healthcare Resources

Measures	Source	Time Period Available	Lowest Geo. Unit	Comments
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Health Care Delivery System - National Data:

HMOs:

HMO Penetration Rates	Area Resource File	Annual as of 1998	MSA	The Area Resource File contains over 7,000 health resources variables for each county, drawing from over 50 primary data sources. Domains covered include health professions, health facilities, hospital utilization, hospital expenditures, Medicare enrollments and reimbursements, population characteristics and economic data, environment, and health professions training. http://www.arfsys.com
HMO Competition Index	Interstudy	Annual as of 1998	MSA	Proprietary data collected by Interstudy Decision Resources Inc. based on HMO surveys and regulatory data. "The Competitive Edge Database" includes info for current year as well as 2 previous years and also has enrollment and utilization data. http://www.hmodata.com

Hospitals:

# of Hospitals by Type	American Hospital Association	Annual	Zip code	American Hospital Association compiles a large database based on their Annual Survey of Hospitals. It includes data on hospital capacity, organizational structure, community orientation, financial data, staffing, and other hospital services. http://www.aha.org
# of Systems and Hospitals	American Hospital Association	Annual	County	See above.
Hospital Admissions and Total Days	American Hospital Association	Annual	Zip code	See above.
Percent For-Profit Hospital Unit Admissions	American Hospital Association	Annual	County	See above.

Measures	Source	Time Period Available	Lowest Geo. Unit	Comments
Percent Non-Federal Government Hospital Unit Admissions	American Hospital Association	Annual	County	See above.
Percent Non-Government, Non-Profit Hospital Unit Admissions	American Hospital Association	Annual	Zip code	See above.
Hospital Beds by Services	American Hospital Association	Annual	Zip code	See above.
Short Term Community Beds Hospital Unit Beds	American Hospital Association	Annual	Zip code	See above.
# of Hospital Outpatient visits and Emergency Dept visits	American Hospital Association	Annual	Zip code	See above.
Safety Net Admissions as a % of Total Admissions for Public and Teaching Hospitals	American Hospital Association	Annual	County	See above. Separate estimates for public and teaching hospitals are available.
Safety Net Admissions as a % of the Population below 200% Poverty for Public and Teaching Hospitals	American Hospital Association	Annual	MSA	See above. Separate estimates for public and teaching hospitals are available.
ER and Outpatient Use in Safety Net Hospitals Below 200% of Poverty for Public and Teaching Hospitals	American Hospital Association	Annual	MSA	See above. Separate estimates for public and teaching hospitals are available.
Average Hours of Charity Care-- Ambulatory	Community Tracking Survey Physicians Survey	Every two years	County (in those areas surveyed)	The CTS is a national study designed to track changes in the health care system and the effects of the changes on care delivery and on individuals. Sixty sites (51 metropolitan areas and 9 nonmetropolitan areas) were randomly selected to form the core of the CTS and to be representative of the nation as a whole. Seattle is one of the sites. www.hschange.org/
Charity Care expenses per population	American Hospital Association	Annual	MSA	See above for description of database. This variable is from the confidential financial data file, so accessibility is limited.

Measures	Source	Time Period Available	Lowest Geo. Unit	Comments
Charity Care expenses per low income population	American Hospital Association	Annual	MSA	See above for description of database. This variable is from the confidential financial data file, so accessibility is limited.
Concentration of Charity Care	American Hospital Association	Annual	MSA	See above for description of database. This variable is from the confidential financial data file, so accessibility is limited.

Physicians:

# of Physicians	Area Resource File	Annual	County	See above
Average physicians per practice	Community Tracking Survey Physicians Survey	Every two years	County (in those areas surveyed)	See above.
Average hours direct patient care by physicians	Community Tracking Survey Physicians Survey	Every two years	County (in those areas surveyed)	See above.
Average % physician revenue from largest contract	Community Tracking Survey Physicians Survey	Every two years	County (in those areas surveyed)	See above.
Average % revenue physician from managed care	Community Tracking Survey Physicians Survey	Every two years	County (in those areas surveyed)	See above.
FTE physician per low income population	Bureau of Primary Care	Annual	MSA	Databases provided by Health Resources and Services Administration that contain information on Health Professional Shortage Areas, Community Health Status Indicators, and, State Health Workforce Profiles. http://bphc.hrsa.gov/
FTE nurse practitioner per low income population	Bureau of Primary Care	Annual	MSA	See above.
HRSA local and community grants to expand access (CHC, CAP, other)	HRSA	2001	County	http://www.hrsa.gov

Measures	Source	Time Period Available	Lowest Geo. Unit	Comments
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Health Care Delivery System - State Data:

Primary care providers in Shortage Areas (FTEs, low income %, whether accepting new patients)	WA Health Professional Shortage Surveys	3-year cycle	County	Voluntarily conducted by counties. Not consistently collected across state.
# of Licensed physicians in state (including retirees and state administrators)	WA DOH Licensing Database	Annual	Zip Code	Overstates providers.
# of Health Professionals (MDs, naturopathic physicians, nurse practitioners, physician assistants, dentists, dental hygienists, pharmacists, registered nurses and LPNs)	WA Health Professional Licensing Survey	1998/1999	Health service areas	Survey discontinued. Only available for 1998/1999.
Health Professionals by specialty, FTEs, accepting Medicaid, capacity for low-income	WA Health Professional Licensing Survey	1998/1999	Zip Code	Survey discontinued. Only available for 1998/1999.
# of Rural health clinics	WA Medical Assistance Administration	NA	Zip Code	Not available on a regular schedule.
# of Federally Qualified Health Clinics	WA Medical Assistance Administration	NA	Zip Code	Not available on a regular schedule.
Users of community health centers per population below 200% poverty	Bureau of Primary Care	Annual	MSA	See above.
Encounters in community health centers per population below 200% poverty	Bureau of Primary Care	Annual	MSA	See above.

Measures	Source	Time Period Available	Lowest Geo. Unit	Comments
Medicaid providers (# of PCPs)	Integrated Provider Network Database	Annual	NA	This database contains primary care providers for the Basic Health, Children's Health Insurance Program (CHIP), Healthy Options, and Public Employees Benefits Board (PEBB) plans. https://www2.wa.gov/dshs/maa/ipndweb/
Local Disproportionate Share Hospital (DSH) Payments by Hospital	WA Disproportionate Share Provider Study,	2000	State	Conducted by WA Medical Assistance Administration, Department of Social and Health Services. Data reported from the Hospital Reimbursement Section of MAA.
Local government health care spending	Census of Governments	Every five years	MSA	A Census of Governments is taken at 5-year intervals as required by law. The census covers three major subject fields - government organization, public employment, and government finance. http://www.census.gov/govs/www/cog.html
Local government health care spending per population below 200% FPL	Census of Governments	Every five years	MSA	See above.

Utilization of WA health clinics

# of Enrollees by Medicaid Provider	Integrated Provider Network Database	Annual	NA	See above.
Average Travel Distance to Medicaid Provider	Integrated Provider Network Database	Annual	Town	See above.

Appendix B.

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Health Insurance Coverage: Who Had a Lapse Between 1990-92? (94-06)

Just What the Doctor Ordered (95-12)

Health Insurance Coverage: Who Had a Lapse Between 1991 - 1993? (95-21)

Getting A Helping Hand (95-27)

Mothers Who Receive WIC Benefits (95-29)

SIPP P-70 Reports:

Health Insurance Coverage 1986-88 (P70-17)

The Need for Personal Assistance with Everyday Activities (P70-19)

SIPP P-70 Reports:

Extended Measures of Well-Being-1984 (P70-26)

Who's Helping Out? Support Networks Among American Families:1988 (P70-28)

Health Insurance Coverage 1987-1990 (P70-29)

Americans with Disabilities: 1991-92 (P70-33)

Dynamics of Well-Being: Health Insurance, 1990-92 (P70-37)

Health Insurance, 1991-93 (P70-43)

The Effect of Health Insurance Coverage on Doctor and Hospital Visits: 1990 - 1992 (P70-44)

Beyond Poverty: Extended Measures of Well-Being - 1992 (P70-50)

Who Loses Coverage & for How Long? (P70-54)

Americans with Disabilities: 1994-95 (P70-61)

Who Loses Coverage, and For How Long? (P70-64)

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SIPP Working Papers:

Working Paper 182: The Effectiveness of Oversampling Low Income Households in SIPP

Working Paper 186: Cross-Sectional Imputation and Longitudinal Editing Procedures in the SIPP

Working Paper 199: Weighting Schemes for Household Panel Surveys

Working Paper 200: Weighting Adjustments for Panel Nonresponse in the SIPP

Working Paper 201: Overview of SIPP Nonresponse Research

Working Paper 203: The Redesign of the SIPP

Working Paper 204: Adjusting for Attrition in Event History Analysis

Working Paper 206: Nonresponse Research Plans for the SIPP

Working Paper 209: Continuing Research on Use of Administrative Data in SIPP Longitudinal Estimation

Working Paper 210: Overview of Redesign Methodology for the SIPP

Working Paper 211: Research on Characteristics of SIPP Nonrespondents Using IRS Data

Working Paper 212: The SIPP Cognitive Research Evaluation Experiment - Basic Results and Documentation

Working Paper 216: Compensating for Missing Wave Data in the SIPP

Working Paper 218: A Comparative Analysis of Health Insurance Coverage Estimates: Data from CPS and SIPP

Working Paper 226: Comparing Certain Effects of Redesign on Data from the SIPP

Working Paper 228: Developing Extended Measures of Well Being - Minimum Income and Subjective Income Assessments

Working Paper 229: Surveys On Call - On Line Access to Survey Data

Working Paper 230: SIPP Quality Profile, 1998 (in PDF format)

Working Paper 231: Preliminary Estimates on Caregiving from Wave 7 of The 1996 SIPP

Working Paper 232: The SIPP - Recent History and Future Developments

Working Paper 234: The Survey of Income and Program Participation (SIPP) Methods Panel Improving Income Measurement

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Appendix C.

Content of Population Health Coverage Surveys

Population survey questionnaires and related documentation can be found on these Internet Web sites. These links were active as of February 2003, but page and section numbers are subject to change.

BRFSS	http://www.cdc.gov/nccdphp/brfss/pdf-ques/2001brfss.pdf
CPS	http://www.bls.census.gov/cps/bquestair.htm (main survey) http://www.bls.census.gov/cps/ads/1995/squestair.htm (March supplement)
CTS	http://www.hschange.org/CONTENT/160/160.pdf
FHIS	http://www.icpsr.umich.edu:8080/ABSTRACTS/06894.xml?format=ICPSR (study #6894, download datasets, code book – survey is in the code book)
MEPS-HC	http://www.meps.ahrq.gov/survey.htm
NHIS	http://www.cdc.gov/nchs/nhis.htm
NSAF	http://newfederalism.urban.org/nsaf/methodology_rpts/1999_Methodology_1.pdf
SIPP	http://www.sipp.census.gov/sipp/coremain.htm (core content) http://www.sipp.census.gov/sipp/modumain.htm (topical modules)
WSPS	http://www.ofm.wa.gov/sps/2000/questionnaire.pdf
WWFS	http://www.wa.gov/esd/lmea/workfirst/extractw1/extractw1.htm http://www.wa.gov/esd/lmea/workfirst/extractw1/questionw1.doc (document extracted)

	WSPS	CPS	BRFSS	CTS	FHIS	MEPS	NHIS	NSAF	SIPP
Source of Coverage									
Covered by Employer or Union	X(62)	X(74)/X(82)/X(83)	X(5)	X(11)	X(18)		X(30/3)	X(E-1)	X(J6)
Purchased Health Plan	X(62)	X(74)/X(84)	X(5)	X(12)	X(18)		X(30)	X(E-2)	X(J6)
Medicare	X(62)	X(77)/X(84)	X(5)	X(13)	X(13)		X(30)	X(E-3)	X(J1)
Medicare supplemental policies or Medigap				X(33)			X(30)		
Type of Medicare coverage						*X(28-52)	X(30)		
In Medicare HMO						X(28-56)	X(31)		
CHAMPUS	X(62)	X(79)/X(84)	X(5)	X(15)	X(16)		X(30)	X(E-4)	X(J6)
TRICARE	X(62)		X(5)	X(15)			X(30)	X(E-4)	X(J6)
CHAMP-VA	X(62)	X(79)/X(84)	X(5)	X(15)	X(16)		X(30)	X(E-4)	X(J6)
VA/ Other Military Health Insurance	X(62)	X(79)/X(84)	X(5)	X(15)	X(16)		X(30)	X(E-4)	X(J6)
Indian Health Service	X(64)	X(79)/X(84)	X(5)	X(16)			X(30)	X(E-4)	
Medicaid	X(62)	X(78)/X(84)	X(5)	X(14)	X(14)		X(30)	X(E-5)	X(J10)
Medicaid and Medicare					X(3)				
State Specific Program	X(63)	X (80)		X(17)	X(15)		X(30)	X(E-5)	X(J10)
Washington Basic Health Plan	X(63)	X(81)*but not on 2000 questionnaire??							
Healthy Options	X(63)								
DSHS Medical Assistance Programs	X(62)								
Covered by another source of insurance	X(63)				X(22)			X(E-13)	
Other government health care		X(82)							
Extended through COBRA						*X(28-192)			
Covered as a temporary worker	X(21)								
Covered by former employer									X(J6)
Covered by spouse's employer or union									
Covered by someone not living in household	X(63)	X(76)	X(5)	X(13)					X(J7)

NOTE: An X denotes that the item appears on the survey. The number in parentheses represents the page on which the item can be found.

	WSPS	CPS	BRFSS	CTS	FHIS	MEPS	NHIS	NSAF	SIPP
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EMPLOYMENT AND FINANCES

Employment

Current work status	X(15)	(X41BMS)	X(26)	X(96)	X(48)	X	X(FC47)	X(I1)	X(D31)
Past year work status	X(24)	X(4)			X(55)	X	X(FC48)	X(I13)	X(D1)
Current full time/part time/temporary	X(16)	(X41BMS)		X(97)	X(49)	X		X(I7)	X(D16)
Past year full-time/part-time/temporary	X(24)					X		X(I7)	
Job changes in past year	X					X			
Temporary, part time, or seasonal work in [year]	X(20)	X(4)			X(49)				X(D30)
Number of weeks worked in [reference period]	X(24)	X(5)			X(55-A)	X	X(FC48)		X(D25)
For how many employers did you work in [year]/ how many businesses owned? (If more than one at one time, count as one)	X(16)	X(6)				X			X(D5)
Number hours worked in last week		X(44BMS)			X(49)	X	X(FC47)	X(I7)	
Number hours usually worked per week	X(16)/X(18)	X(6)		X(97)	X(52)	X	X(FC47)	X(I7-17)	X(D16)
Want to work full time at 35 or more hours per week	X(19)	X(43BMS)							
Type of work	X(17)	X(8)				X		X(I3)	X(D15)
Most important/usual work activities or duties	X(17)	X(8)							
member of a union	X(21)					X			X(D17)

Employer Info

Type of industry or business	X(17)	X(8)		X(100)	X(49)	X		X(I3)	X(D14-19)
private company	X(17)	(X61BMS)		X(97)	X(49)			X(I3)	X(D14)
government	X(17)	(X61BMS)		X(97)	X			X(I3)	X(D14)
federal gov't		(X61BMS)		X(97)	X(49)				X(D14)
state gov't		(X61BMS)		X(97)	X(49)				X(D14)
local gov't		(X61BMS)		X(97)	X(49)				X(D14)
self-employed	X(17)	(X61BMS)		X(96)	X(49)	X		X(I2)	X(D9)
non-profit	X(17)	(X61BMS)						X(I3)	X(D14)
working in family business	X(17)	(X61BMS)		X(97)				X(I3)	
own or operate a farm or business other than a farm	X(14)			X(97)	X(50)			X(I3)	X(D14)
Total number of persons employed in <u>location where respondent works</u>				X(98)	X(50-A)	X		X(I4)	
Employer has more than one location				X(99)	X(50-A)				X(D18)

	WSPS	CPS	BRFSS	CTS	FHIS	MEPS	NHIS	NSAF	SIPP
Total number of persons who work for employer (in all locations)	X(18)	X(9)		X(99)	X(50-A)	X?			X(D18)

For those people who report some unemployment

Has unemployed person been looking for work	X(22) pas	X(4)			X(49) in past 4 weeks			X(I11)	X(D4)
How many weeks been looking for work	X(22)	X(4)							X(D4)
Main reason didn't work in [year/reference period]	X(16)	X(4)				X		X(I2)	X(D2)
Main reason left last job	X(24)	X(57BMS)							
Business/Industry of last job	X(24)								

Income

combined family or household income	X(41)	X(3)	X(26)	X(105)	X(57)	X	X(FC47)	X(I8/I21)	X(H)
Amount individual earned from all sources		X(65)		X(100)	X(56)	X	X(FC47)	X(I9)	X(H)
Amount individual earned from own business or farm		X(65)			X(56)		X(FC50)		X(H)
Amount earned from this employer during [time frame] (before taxes and other deductions)	X(17)	X(10)/year			X(53)	X		X(I9)	X(H)
Received Social Security or SSI payments during [year]	X(42)	X(20)			X(60)		X(FC50)	X(J2)	X(F2)
Amount of Social Security payments	X(42)	X(20)			X(60)			X(J13)	X(H)
Received public assistance or Welfare payments	X(49)	X(33)			X(61)		X(FC52)	X(J1)	X(F6)
Amount of Welfare in [time period]	X(49)	X(35)			X(61)			X(J5)	X(G8)
Received Veteran's payments		X(36)					X(FC52)	X(J2)	X(F5)
Amount of Veteran's payments received		X(38)						X(J12)	X(H)
Received food stamps	X(48)				X(61)	X	X(FC52)a	X(J2)	X(G18)
Value of food stamps received	X(48)				X(61)			X(J8)	X(G24)
Other income by source	X(18)	X[13 -19]			X(58,59,62)		X(FC52)	X(J3)	X(D,F,G)

Assets

Any questions about assets	X(46)	X(54)				X		X(J15)	X(I)
Amount of assets in total	X(46)	X(55)				X		X(J15)	X(I)
Amount of assets by source	X(46)	X(54)				X		X(J15)	X(I)

	WSPS	CPS*		BRFSS	CTS	FHIS	MEPS**	NHIS	NSAF	SIPP
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DEMOGRAPHICS AND PERSONAL VARIABLES

Demographics

Age	X(5)	X		X(24)	X(6)	X(8)	X	X(HC2)	X(SC3)	X(C9)
Race	X(6)	X		X(24)	X(106)	X(67)	X	X(HC2)	X(O1)	X(C15)
Of Spanish/Hispanic/Latino origin	X(5)	X		X(24)	X(610)	X(66)	X	X(HC2)	X(O1)	X(C15)
Gender	X(5)	X		X(28)	X(5)	X(8)	X	X(HC2)	X(SC3)	X(C2)
Education	X(7)	X		X(25)	X(5)	X(66)	X		X(L1)	X(C12)
Currently a student	X(22)	X(M75)			X(5)	X(8)	X			X(L1)
U.S. citizen	X(7)	X				X(66)		X(FC46)	X(O1)	

Family Relationship

Total number of people residing in household	X(3)	X		X	X(3)	X	X	X(FC11)	X(SC2)	X(C2)
Number of adults in household	X	X		X(2)	X	X(10)	X	X(FC11)	X(SC3)	X(C2)
Number of children in household	X	X		X(25)	X	X(10)	X	X(FC11)	X(SC3)	X(C2)
Name of all householders	X(4)	X			X(3)	X(7)	X	X(HC2)	X(SC3)	X(C2)
Relationship of householders to all other householders	X(4)	X			X(7)	X(9)	X	X(HC8)		X(C4)
Parent or guardian of anyone in house		X			X(9)	X(11)	X	X(HC8)	X(SC4)	X(C5)
Marital Status	X(6)	X		X(25)	X(8)	X(10)	X	X(HC5)		X(C11)
Married to anyone in the household		X			X(8)	X(10)	X	X(HC5)		X(C5)
To whom married		X			X(8)	X(10)	X	X(HC5)		X(C5)

Telephone

Number of telephones in household				X(27)	X(109)			X(M6)	
Alternate phone number listed or not		X(77)			X(69)				
Household been without telephone in past year					X(109)			X(M6)	
Length of time without telephone								X(M6)	

*CPS demographic variables may not appear on the March Supplement although the variables are available from other waves of the survey.

** MEPS-HC survey items with demographics were not available.

Appendix D.

Content of Employer Health Coverage Surveys

Employer survey questionnaires and related documentation can be found on these Internet Web sites. These links were active as of February 2003, but page and section numbers are subject to change.

EHIS <http://www.icpsr.umich.edu:8080/ABSTRACTS/02935.xml?format=ICPSR>
(study # 2935, download datasets, code book with appendix – survey in appendix)
MEPS-IC <http://www.meps.ahrq.gov/survey.htm#icsurveyinstrument>

		MEPS-IC	EHIS	
		Page	Section	Page
COMPANY SIZE/# EMPLOYEES				
Company overall/Firm				
# of locations			A	
# of employees nationwide		5	A	2-3
# of employees in state			A	3
Company at this location/Establishment				
# active employees			A	4
# permanent/temporary employees			A	6-7
# union members		5	A	8
# company retirees 65 or over		5	A	9
INSURANCE COVERAGE				
Does employer provide insurance?		1	A	12-14
Does company make available or contribute to the cost of any health insurance plans for employees or retirees?		1	A	1-40
Years company provided/contributed to health insurance			A	10
Company ever denied coverage?			A	10
Employee Eligibility:				
Waiting period for new employees (length of period)		4	A	10-11
Hours for insurance eligibility?			A	11
Number employees eligible for insurance		5	A	12-13
Full-Time/Part-Time		5		
Temporary or Seasonal Employee eligibility		5	A	12-13
Retiree eligibility (other than through COBRA)			A	12-13
How Insurance Purchased:				
Is insurance purchased through alliance/associations?		2	A	14
Features of cooperative/alliance			A	15
Does company or employees select plans?				
Did company consult agent or broker to evaluate benefits?			A	15
Did broker give information on plans not associated with cooperative/alliance?			A	15
Premium quotes outside of cooperative/alliance			A	16-17
Plans offered to employees at this location:				
Number of plans offered to employees		Inferred	A	21-23
Plan choice same as last year?			A	24
All plans administered by same company?			A	24
Plan administrator requires only its plans be offered?			A	25
Plan enrollment:				
Month plan year begins		2	A	25

Open enrollment period	A	25-26
Enrollments in all plans	A	26-30
Cost:		
Annual cost of coverage plans offered at this location	4	
Employer contribution policy for health insurance	A	31
Amount spent for insurance in most recent year	A	32-35
Percent employer contributions to retirees' premiums	A	35
Increase or decrease in cost from last year	A	36
Plan Selection Decisions:		
Who makes decisions	A	36-37
Performance measures	A	37
Evaluation materials to employees	A	38
SPECIFIC PLAN INFORMATION; Asked for each plan	C	1-53
Type of plan:		
Name of plan	2	C 15-18
Name of insurance carrier	2	C 15-18
Type of insurance plan	2	C 3-7
Self or fully insured	2	C 14-18
If self-insured plan:		
Self-administered or administered by third party?	2	
Stop loss policy?	2	C 19
Type and amount of stop loss		C 19-21
Number of enrollees covered by stop loss		C 21
Enrollees in plan:	3	C 8-13
# enrollees excluding dependents	3	X
# active employees enrolled	3	C 8
# former employees enrolled through COBRA	3	C 9
# retirees enrolled	3	C 10
# enrollees with single coverage	3	X
Premiums and Employer/Employee Contributions:		
<i>For self-insured plans:</i>		
COBRA premiums: single and family of four	2	C 32-34
During most recent reporting period, actual paid claims, administrative costs, stop loss costs	2	C 35-36
Total number of enrollments		C 36
Premium equivalent calculated?		C 36-37
<i>For fully insured plans and self-insured plans with premium equivalent:</i>		
Premium/premium equivalent for employee-only coverage employer contribution;	3	C 38-41
employee contribution for employee only coverage	3	
Premium/premium equivalent for family coverage employer contribution	3	C 42-46
employee contribution for family coverage	3	
Is premium/premium equivalent same for retirees 65+	3	C 41
Did premiums differ by:		
age	3	C 40
sex	3	C 40
number of persons (within family coverage)	3	C 42
wage or salary levels	3	
other	3	

Did amount of employee contribution differ by:

employee categories (e.g., full-time, part-time, retiree)

age

wage or salary levels

Plan Administrator**Insurance plan benefits:**Require primary care physician **referral** to specialistExclusion for **pre-existing conditions**?

Did exclusion for pre-existing conditions happen in [year of survey]

Waiting period for pre-existing conditions

Deductibles:

Total individual and family annual deductible

Deductible for physican care (answer this and hospital care if not answered total annual deductible)

Deductible for hospital care

Family deductible met if a number of individuals met their individual deductibles

Coinsurance/copayments:

Enrollee cost for an overnight hospital stay (\$ or %)

Enrollee cost for an office visit (\$ or %)

Annual individual out-of-pocket limit

Annual family out-of-pocket limit

Annual maximum plan would pay for individual; lifetime and one year?

Any enrollee receive a direct subsidy or contribution (e.g., from a union or government)?

Premium includes **life insurance**Premium includes **disability insurance****Services included in plan:**

100% well-baby care

Adult immunizations

Adult routine physical exams

Alcohol/substance abuse treatment

Child immunizations

Chiropractic care

Home health care

Inpatient hospital stays

Inpatient mental illness

Nursing home care

Mental health

Office visits for prenatal care

Orthodontic care

Other non-physician providers

Outpatient mental illness

Outpatient prescriptions

Physician services

Routine dental care

Routine mammograms

Routine pap smears

Vision care

3		
	C	40
	C	40
	C	22
2	C	6?
4	C	22-23
4	C	23
4	C	23
3	C	24-27
3	C	24
3	C	24/27
3		
	C	28-31
3	C	30-31
3	C	28
4	C	31-32
4		
3		
2		
3		
3		
4		
4		
4		
4		
4		
4		
4		
	C	7
4		
4		
	C	7
4		
4	C	7
4		
4		
4	C	7
	C	7
4	C	7
4		
4		
	C	7

Well child-care, 1-4 years	4		
Well-baby care, under 1 year	4		
Offer optional coverage at additional premium:	4		
Dental	4		
Vision	4		
Prescription drugs	4		
Long-term care	4		
Total amount paid for these services	4		
Contract specifications:			
<i>For employers with fewer than 50 employees (in state):</i>			
Guaranteed renewal of contract		C	47
Minimum employer contribution?		C	47
Minimum percent of employees must enroll?		C	47
Employees report prior history		C	48
<i>For self-insured plans:</i>			
Contract directly with physician groups or hospitals		C	48
Carve outs		C	48
How single service and general plans are “packaged”:		C	52-53
Plan still offered in subsequent year?	4		
Plan replaced?	4		
If replaced, for replacement plan, what were:	4		
Single enrollment	4		
Family enrollment	4		
Single premium	4		
Family premium	4		
For companies that have pooled purchasing arrangement, is THIS plan:			
Purchased through cooperative/alliance?		C	1
Purchased through a business coalition?		C	1
Purchased through a MEWA or MET?	2	C	2
Sponsored by trade or professional association	2	C	2
Sponsored by a union?	2	C	2
ESTABLISHMENT AND EMPLOYEE CHARACTERISTICS			
Length company in business	5	D	1
Industry	5	D	2-6
Ownership type	5		
For profit vs. non-profit	5		
Number of employees on payroll	5	D	7
full-time	5	X	
part-time	5	X	
temporary/seasonal employees	5	X	
Number of full- and part-time employees added to payroll in prior year		D	8
Number of permanent employees removed from payroll in past year		D	8-9
Distribution of hours permanent employees work		D	9
Number of hours/week must work to be full-time	5		
Age distribution for permanent employees		D	10
Number of employees over 50	5		
Percent of permanent female employees		D	11
Number of wage vs salary workers		D	11
Wage distribution for hourly workers	5	D	12
Earnings distribution for salaried workers:		D	13-14
Gross amount of payroll		D	15

Number of labor hours included in payroll:

Total sick days during most recent fiscal year

Fringe benefits offered:

Paid vacation

Paid sick leave

Life insurance

Disability insurance

Retirement/pension plans

MSAs

Flexible spending accounts

Cafeteria plan

Eligible/Enrolled by Plan:

Total number of employees eligible

full-time

part-time

temporary/seasonal employees

Total number of employees enrolled

full-time

part-time

temporary/seasonal employees

FIRMS THAT DO NOT OFFER HEALTH INSURANCE**Alternative company health care expense assistance:**

Payment for insurance under spouse's plan

Voucher or money to purchase health insurance

used for health insurance/health care only

average per employee value of voucher

Direct payment of medical bills

Prior insurance purchase:

Ever denied health insurance?

Health insurance offered within past two years?

Health insurance offered since 1991

Year last offered insurance

If no: Company looked into purchasing insurance?

Premium quote within past two years?

Type of plan/s for which received quote

Lowest quote per employee

	D	15
	D	16
5		
5		
5		
5		
5		
5		
5		
5		
5	C	8
5		
5		
5		
5	C	8
5		
5		
5		
	B	1
6	B	1
6		
6		
6	B	1
	B	2
	B	2
6		
6		
	B	2
	B	3
	B	4
	B	4-8

	WSPS	CPS	BRFSS	CTS	FHIS	MEPS	NHIS	NSAF	SIPP
Source of Coverage									
Covered by Employer or Union	X(62)	X(74)/X(82)/X(83)	X(5)	X(11)	X(18)		X(30/3)	X(E-1)	X(J6)
Purchased Health Plan	X(62)	X(74)/X(84)	X(5)	X(12)	X(18)		X(30)	X(E-2)	X(J6)
Medicare	X(62)	X(77)/X(84)	X(5)	X(13)	X(13)		X(30)	X(E-3)	X(J1)
Medicare supplemental policies or Medigap				X(33)			X(30)		
Type of Medicare coverage						*X(28-52)	X(30)		
In Medicare HMO						X(28-56)	X(31)		
CHAMPUS	X(62)	X(79)/X(84)	X(5)	X(15)	X(16)		X(30)	X(E-4)	X(J6)
TRICARE	X(62)		X(5)	X(15)			X(30)	X(E-4)	X(J6)
CHAMP-VA	X(62)	X(79)/X(84)	X(5)	X(15)	X(16)		X(30)	X(E-4)	X(J6)
VA/ Other Military Health Insurance	X(62)	X(79)/X(84)	X(5)	X(15)	X(16)		X(30)	X(E-4)	X(J6)
Indian Health Service	X(64)	X(79)/X(84)	X(5)	X(16)			X(30)	X(E-4)	
Medicaid	X(62)	X(78)/X(84)	X(5)	X(14)	X(14)		X(30)	X(E-5)	X(J10)
Medicaid and Medicare					X(3)				
State Specific Program	X(63)	X (80)		X(17)	X(15)		X(30)	X(E-5)	X(J10)
Washington Basic Health Plan	X(63)	X(81)*but not on 2000 questionnaire??							
Healthy Options	X(63)								
DSHS Medical Assistance Programs	X(62)								
Covered by another source of insurance	X(63)				X(22)			X(E-13)	
Other government health care		X(82)							
Extended through COBRA						*X(28-192)			
Covered as a temporary worker	X(21)								
Covered by former employer									X(J6)
Covered by spouse's employer or union									
Covered by someone not living in household	X(63)	X(76)	X(5)	X(13)					X(J7)

NOTE: An X denotes that the item appears on the survey. The number in parentheses represents the page on which the item can be found.

	WSPS	CPS	BRFSS	CTS	FHIS	MEPS	NHIS	NSAF	SIPP
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EMPLOYMENT AND FINANCES

Employment

Current work status	X(15)	(X41BMS)	X(26)	X(96)	X(48)	X	X(FC47)	X(I1)	X(D31)
Past year work status	X(24)	X(4)			X(55)	X	X(FC48)	X(I13)	X(D1)
Current full time/part time/temporary	X(16)	(X41BMS)		X(97)	X(49)	X		X(I7)	X(D16)
Past year full-time/part-time/temporary	X(24)					X		X(I7)	
Job changes in past year	X					X			
Temporary, part time, or seasonal work in [year]	X(20)	X(4)			X(49)				X(D30)
Number of weeks worked in [reference period]	X(24)	X(5)			X(55-A)	X	X(FC48)		X(D25)
For how many employers did you work in [year]/ how many businesses owned? (If more than one at one time, count as one)	X(16)	X(6)				X			X(D5)
Number hours worked in last week		X(44BMS)			X(49)	X	X(FC47)	X(I7)	
Number hours usually worked per week	X(16)/X(18)	X(6)		X(97)	X(52)	X	X(FC47)	X(I7-17)	X(D16)
Want to work full time at 35 or more hours per week	X(19)	X(43BMS)							
Type of work	X(17)	X(8)				X		X(I3)	X(D15)
Most important/usual work activities or duties	X(17)	X(8)							
member of a union	X(21)					X			X(D17)

Employer Info

Type of industry or business	X(17)	X(8)		X(100)	X(49)	X		X(I3)	X(D14-19)
private company	X(17)	(X61BMS)		X(97)	X(49)			X(I3)	X(D14)
government	X(17)	(X61BMS)		X(97)	X			X(I3)	X(D14)
federal gov't		(X61BMS)		X(97)	X(49)				X(D14)
state gov't		(X61BMS)		X(97)	X(49)				X(D14)
local gov't		(X61BMS)		X(97)	X(49)				X(D14)
self-employed	X(17)	(X61BMS)		X(96)	X(49)	X		X(I2)	X(D9)
non-profit	X(17)	(X61BMS)						X(I3)	X(D14)
working in family business	X(17)	(X61BMS)		X(97)				X(I3)	
own or operate a farm or business other than a farm	X(14)			X(97)	X(50)			X(I3)	X(D14)
Total number of persons employed in <u>location where respondent works</u>				X(98)	X(50-A)	X		X(I4)	
Employer has more than one location				X(99)	X(50-A)				X(D18)

	WSPS	CPS	BRFSS	CTS	FHIS	MEPS	NHIS	NSAF	SIPP
Total number of persons who work for employer (in all locations)	X(18)	X(9)		X(99)	X(50-A)	X?			X(D18)

For those people who report some unemployment

Has unemployed person been looking for work	X(22) pas	X(4)			X(49) in past 4 weeks			X(I11)	X(D4)
How many weeks been looking for work	X(22)	X(4)							X(D4)
Main reason didn't work in [year/reference period]	X(16)	X(4)				X		X(I2)	X(D2)
Main reason left last job	X(24)	X(57BMS)							
Business/Industry of last job	X(24)								

Income

combined family or household income	X(41)	X(3)	X(26)	X(105)	X(57)	X	X(FC47)	X(I8/I21)	X(H)
Amount individual earned from all sources		X(65)		X(100)	X(56)	X	X(FC47)	X(I9)	X(H)
Amount individual earned from own business or farm		X(65)			X(56)		X(FC50)		X(H)
Amount earned from this employer during [time frame] (before taxes and other deductions)	X(17)	X(10)/year			X(53)	X		X(I9)	X(H)
Received Social Security or SSI payments during [year]	X(42)	X(20)			X(60)		X(FC50)	X(J2)	X(F2)
Amount of Social Security payments	X(42)	X(20)			X(60)			X(J13)	X(H)
Received public assistance or Welfare payments	X(49)	X(33)			X(61)		X(FC52)	X(J1)	X(F6)
Amount of Welfare in [time period]	X(49)	X(35)			X(61)			X(J5)	X(G8)
Received Veteran's payments		X(36)					X(FC52)	X(J2)	X(F5)
Amount of Veteran's payments received		X(38)						X(J12)	X(H)
Received food stamps	X(48)				X(61)	X	X(FC52)a	X(J2)	X(G18)
Value of food stamps received	X(48)				X(61)			X(J8)	X(G24)
Other income by source	X(18)	X[13 -19]			X(58,59,62)		X(FC52)	X(J3)	X(D,F,G)

Assets

Any questions about assets	X(46)	X(54)				X		X(J15)	X(I)
Amount of assets in total	X(46)	X(55)				X		X(J15)	X(I)
Amount of assets by source	X(46)	X(54)				X		X(J15)	X(I)

	WSPS	CPS*		BRFSS	CTS	FHIS	MEPS**	NHIS	NSAF	SIPP
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DEMOGRAPHICS AND PERSONAL VARIABLES

Demographics

Age	X(5)	X		X(24)	X(6)	X(8)	X	X(HC2)	X(SC3)	X(C9)
Race	X(6)	X		X(24)	X(106)	X(67)	X	X(HC2)	X(O1)	X(C15)
Of Spanish/Hispanic/Latino origin	X(5)	X		X(24)	X(610)	X(66)	X	X(HC2)	X(O1)	X(C15)
Gender	X(5)	X		X(28)	X(5)	X(8)	X	X(HC2)	X(SC3)	X(C2)
Education	X(7)	X		X(25)	X(5)	X(66)	X		X(L1)	X(C12)
Currently a student	X(22)	X(M75)			X(5)	X(8)	X			X(L1)
U.S. citizen	X(7)	X				X(66)		X(FC46)	X(O1)	

Family Relationship

Total number of people residing in household	X(3)	X		X	X(3)	X	X	X(FC11)	X(SC2)	X(C2)
Number of adults in household	X	X		X(2)	X	X(10)	X	X(FC11)	X(SC3)	X(C2)
Number of children in household	X	X		X(25)	X	X(10)	X	X(FC11)	X(SC3)	X(C2)
Name of all householders	X(4)	X			X(3)	X(7)	X	X(HC2)	X(SC3)	X(C2)
Relationship of householders to all other householders	X(4)	X			X(7)	X(9)	X	X(HC8)		X(C4)
Parent or guardian of anyone in house		X			X(9)	X(11)	X	X(HC8)	X(SC4)	X(C5)
Marital Status	X(6)	X		X(25)	X(8)	X(10)	X	X(HC5)		X(C11)
Married to anyone in the household		X			X(8)	X(10)	X	X(HC5)		X(C5)
To whom married		X			X(8)	X(10)	X	X(HC5)		X(C5)

Telephone

Number of telephones in household				X(27)	X(109)				X(M6)	
Alternate phone number listed or not		X(77)				X(69)				
Household been without telephone in past year					X(109)				X(M6)	
Length of time without telephone									X(M6)	

*CPS demographic variables may not appear on the March Supplement although the variables are available from other waves of the survey.

** MEPS-HC survey items with demographics were not available.

Appendix E. Summary of Recent Qualitative Studies of Health Coverage

CONSTRUCT	KEY FINDINGS	FOCUS GROUP POPULATIONS	STUDIES
Cost	Most uninsured were not offered insurance by employers or were self-employed	American Indians, Hispanics, Hmong, Somali (multi-ethnic individuals) Hispanic, white, African-America, Chinese parents (multi-ethnic parents) Low-moderate income Hispanic workers Uninsured whites Immigrants	MN Department of Health, 2001. Action Research and the Levin Group, 2001. Satter DE, 2001. Perry M, 2000. Feld P, 1998. Feld P, 2000. Kaiser Commission on Medicaid and the Uninsured, 2000.
	Monthly premiums, co-pays, deductibles prohibitive		
	Competing priorities, i.e., food and rent, take precedence		
	For employer-based coverage, extra income is preferable	Hispanic workers	Perry M, 2000.
Value of health insurance	Participants felt they were saving money by paying out of pocket	Hispanic and white parents Hispanic workers	Satter DE, 2001. Perry M, 2000. Action Research and the Levin Group, 2001.
	Health insurance is important	Hispanic and white parents Multi-ethnic parents Hispanic workers Immigrants	Satter DE, 2001. Feld P, 1998. Perry M, 2000. Feld P, 2000.
	“Temporary mindset” – health insurance unnecessary in short-term	Hispanic workers planning to return to their country, often in seasonal labor	Perry M, 2000.
	Value of insurance questionable because of infrequent illness and use of healthcare	Young and healthy Hispanic workers Healthy multi-ethnic individuals	Perry M, 2000. MN Department of Health, 2001.
	Securing job more important than ensuring coverage	Hispanic workers	Perry M, 2000.
	Relative importance of insurance higher among certain Hispanic populations	Hispanic workers with children, chronic care needs, those who have paid large bills out-of-pocket	Perry M, 2000.
Awareness	Lack of awareness of insurance options	Hispanic parents and workers	Satter DE, 2001. Perry M, 2000.
	Lack of awareness/confusion of eligibility for public programs	Multi-ethnic parents, most not seeking public assistance Multi-ethnic individuals	Satter DE, 2001. Feld P, 1998. MN Department of Health, 2001.
Attitudes towards public programs such as Medicaid	Negative experiences, such as discrimination, being refused care, long waits, rushed visits deterred applicants	Multi-ethnic parents Hispanic workers Uninsured whites	Feld P, 1998. Perry M, 2000. Action Research and the Levin Group, 2001.
	Cumbersome application process and negative attitudes of eligibility workers	Multi-ethnic parents Multi-ethnic individuals Immigrants	Feld P, 1998. MN Department of Health, 2001. Feld P, 2000.
	Language barriers complicate application process	Non-English speaking parents	Feld P, 1998.

CONSTRUCT	KEY FINDINGS	FOCUS GROUP POPULATIONS	STUDIES
Immigration concerns	Fear of being questioned about immigration status deters some from enrolling in public and private plans	Undocumented Hispanic workers Immigrants	Perry M, 2000. Feld P, 2000.
Reliance on safety net services	Use of discounted/free clinics allowed some uninsured individuals to get needed care	Hispanic and White parents Multi-ethnic individuals Immigrants Uninsured whites Hispanic workers	Satter DE, 2001. Perry M, 2000. Feld P, 2000. Action Research and the Levin Group, 2001. Perry M, 2000.

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Appendix F. Preliminary Plan for Qualitative Data Collection

Focus Group Strategies

Prepared by Larkin L. Strong, Peter House, and Suzanne Swadener, University of Washington Health Policy Analysis Program.

December 5, 2001

1. Introduction: We will use focus groups to fill in information gaps in what we know about Washingtonians who do not have health insurance. Some of this information is not available from existing data sources, primarily population surveys. Some will be insights that would not be attainable from surveys even if the surveys tried to ask for it. For example, focus groups will help us to understand the values and attitudes that influence individuals' behaviors when it comes to health insurance.

While we will build on what has been learned in other states, our fundamental strategy will be to hone in on information that is unique to Washington. That is, we will endeavor to ask questions that build on the Washington situation. Moreover, we recognize that this moment in Washington history is unique: We are entering a recession and a time of personal insecurity. At the same time, we are just coming out of a period when managed care products dominated the health insurance market and entering a period of transformation in insurance products. This uniqueness of the moment makes it all the more likely that our findings will be unduplicated in other recent studies. As the timing of the focus groups is critical to their usefulness, these focus groups should occur somewhat later in the process, after developing needed information through profiling and analysis of options for access.

2. What do we want to find out in the focus groups?

- A. Why do persons who are eligible for public health insurance programs decline to take advantage of them?
- B. What are the factors that influence an individual to seek health insurance?
- C. What are the factors that influence an employer to offer health insurance coverage to his/her employees?
- D. What questions (for a written or telephone survey) will provide the most information concerning health insurance?
- E. Can we use focus group information to develop hypotheses for other studies?
- F. Which of our potential policy options are most appealing to
 - Individuals
 - Employers
 - Program managers and staff who work with uninsured people (for example, public health program staff and safety net provider staff)

And test those policy options via hypothetical situations.

G. Test attitudes.

3. What focus groups will we convene?

A. Individuals

- Working poor
- Hispanics or Native Americans (as Washington's most uninsured sub-populations)
- Unemployed
- Single parents
- Persons who work with or have knowledge about the above groups

B. Employers

- Business owners
 - Employers with insurance for employees
 - Employers without insurance
 - Employers who just added or just dropped coverage for employees
- Benefits managers at medium sized businesses
- Chamber of Commerce officials

C. Public health insurance program staff and safety net provider staff

D. Ways to get diversity among the groups within categories

- East-West of the Cascades
- Urban-Rural
- Age extremes (18-25 and 55-64)

E. As of October 26, 2001, the focus groups we propose to conduct are (1 to 2 per target population):

- Small businesses
- Working poor
- Unemployed
- Hispanics and Native Americans
- Program managers and staff

Recruiting: We will look for places where small business owners naturally gather. One such place will be service club meetings. For example, we might find out when and where local chambers of commerce meet. Then we will contact staff of selected chambers and get a list of names to contact to invite to a focus group meeting scheduled around the time of the regular chamber meeting. While we appreciate that attending a focus group meeting will entail high opportunity costs for small business owners, we also know that our issue is one in which they are interested. If we can find a time that they have already devoted to a community activity, we should be able to recruit focus groups. A free lunch will be another inducement.

We will contact agencies that have contact with the working poor, for example, community health centers that provide health services for the working poor. With luck, these agencies will take on the task of contacting individuals to attend a focus group meeting. We will offer a meal and cash incentives for attendance at the meetings.

We will contact the community health centers or other organizations that serve Hispanic populations to form focus groups with that population. They can help recruit a group of persons who only speak Spanish as well a group of Hispanic persons with good command of English. Again we will offer cash and a meal as incentives for participation.

For the Native American groups, we propose to contact representatives within the tribal leadership structure. These individuals are tribal leaders and managers of social programs within the tribes. During the focus group, our objective is to elicit their understanding of the reasons and decision-making that contribute to why members of their tribe do or do not have insurance. We will provide cash and a meal as incentives for participation.

Our focus groups with program managers/staff who work with uninsured individuals will take place in rural and urban (Seattle) areas. We plan to recruit staff from state programs such as Medicaid, CHIP, and Basic Health, as well as from safety net providers such as community clinics, health centers, and local public health departments. We will provide a free meal and monetary compensation as an incentive.

In all cases, we will find a “neutral” place for the focus group sessions. Many restaurants have private rooms that work well for this purpose.

4. What questions will we ask?

Focus Group Scripts

(Including oral consent protocol)

A. Individuals

Preamble: Thank you for taking the time to come to this meeting today. My name is [Peter House] and I am a member of a team from the [University of Washington.] This focus group is part of a larger project where we are advising the state and the federal government on ways to increase the number of persons who have health insurance, and as a consequence, have access to health care. We want to talk with you so that we can better understand how individuals make decisions concerning health insurance coverage. This will last about 1½ hours. We are conducting groups like this throughout the state to talk to people about this issue. You will probably not benefit directly from participating in this study, but we hope that the information you give us will help us find ways to increase insurance coverage among people in Washington.

As I talk with you, my colleague [Larkin] will be taking notes and I will be running this tape. We will note what gets said but we will not note who says it. After the focus group is completed we will summarize our notes and report what we learned to the rest of our study team. Only people who work on the study will see the notes and listen to the recorded information. That information will remain anonymous and will not be used for any purpose other than this study. We will keep the tapes for one year, and then they will be erased. We will use this information to make a report to the state and the federal government that makes recommendations for ways to increase

the number of persons with health insurance. Some of our findings and recommendations will be made public through newspaper reports and policy documents.

You were invited today because you represent [low income uninsured, Hispanic populations, etc.] and because we think you will be able to help us to learn more about people's behavior around health insurance.

Your participation in this study will not be disclosed to anyone outside of the research staff without your approval. You may refuse to answer any question during the discussion. Your participation is voluntary, and you may discontinue participation at any time.

There are minimal risks to participating in this focus group. You may experience discomfort speaking in front of others. We ask that each participant respect what each person has to say and not share that information with others outside of the group.

To compensate you for your time and participation, we will provide you with a meal and pay you \$50 at the end of the session.

Does anyone have any questions?

1. Warm up question (round robin): Name, time in this community, where would you go/who would you see if you got sick?

Do you now have health insurance? (round robin.)

- If yes, what is it? How do you get your insurance? Have you ever been without insurance? If so, what were the circumstances that caused you to be without it?
- If no, when, if ever did you have health insurance? What were the circumstances that caused you to be without it?

3. What are the things you take into consideration when you think about whether or not to have health insurance? (open to the group)

Probes:

- How important is it for you and your family to have health insurance?
- Test the participants' knowledge of what products are available to them.
 - Understanding eligibility for public and private programs
- What would it cost you to (purchase/sign up for) a new/different health insurance? We're interested in understanding what would make health insurance affordable for you. Where does health insurance fall in your list of "big ticket" purchases (e.g., rent, transportation, retirement savings, recreation, etc.), and how does this affect your decision/willingness to buy health insurance? For those of you with insurance, how did you determine that it was affordable? For those without insurance, what would make you more likely to buy it?
 - Options for and affordability of coverage for family members
- Administrative red tape (private, state, and federal).
- Reliance on other "safety nets" (insured vs. uninsured).
 - Public clinics
 - ER
 - Family members for financial assistance

- Stigma of welfare/charity (insured vs. uninsured).
 - Acceptability/feasibility of receiving care from a public or free clinic
 - Among the insured and uninsured - willingness to accept subsidy for employer-based or private insurance
- Risk assessment .
 - Importance of health insurance
 - Risk-taking
- Asset (either yours or your family's) protection.
- Health insurance as access to health care.
- Beliefs and attitudes about health and health insurance.
 - Who do you think should be responsible for paying for health insurance. (i.e. role of employer, government)? What do you believe your responsibility is in paying for your health insurance?
 - Importance of being in good health
 - Belief that problems will go away on their own
 - Fatalistic attitude
 - Belief that you only need to see a doctor when a health problem becomes severe - how this influences your decision to buy health insurance
- Who do you trust for information about health insurance? Where do you go for information?

4. (for Hispanic and Native American groups) Do you have any ideas that would help increase access to health insurance in your community?

- Materials in Spanish
- More bilingual/bicultural providers
- Relationship to tribal and Indian Health services
- Other ideas

5. Placeholder for questions coming directly out of the data gaps analyses.

Probe: Test policy options relevant to this group.

B. Employers

Preamble: Thank you for taking the time to come to this meeting today. My name is [Peter House] and I am a member of a team from the [University of Washington.] This focus group is part of a larger project where we are advising the state and the federal government on ways to increase the number of persons who have health insurance, and as a consequence, have access to health care. We want to talk with you so that we can better understand how employers make decisions concerning health insurance coverage for their employees.

As I talk with you, my colleague [Larkin] will be taking notes and I will be running this tape. We will note what gets said but we will not note who says it. After the focus group is completed we will summarize our notes and report what we learned to the rest of our study team. Only people who work on the study will see the notes and listen to the recorded information. That information will remain anonymous and will not be used for any purpose other than this study. We will keep the tapes for one year, and then they will be erased. We will use this information to make a report to the state and the federal government that makes recommendations for ways to increase

the number of persons with health insurance. Some of our findings and recommendations will be made public through newspaper reports and policy documents.

You were invited today because you represent employers and because we think you will be able to help us to learn more about how businesses decide whether or not to provide health insurance coverage for their employees.

Your participation in this study will not be disclosed to anyone outside of the research staff without your approval. You may refuse to answer any question during the discussion. Your participation is voluntary, and you may discontinue participation at any time.

There are minimal risks to participating in this focus group. You may experience discomfort speaking in front of others. We ask that each participant respect what each person has to say and not share that information with others outside of the group.

To compensate you for your time and participation, we will provide you with a meal.

Does anyone have any questions?

1. Warm up question (round robin): Name, description of your business, time in this community, where would you go/who would you see if you got sick.
2. Do you now provide health insurance for your employees? If yes, what is it? If no, when, if ever did you provide health insurance coverage? (round robin.)

Probes:

- Test their knowledge about what health insurance products are available to them.
 - How much do you consult with your employees about what they want/need for health insurance?
 - What are your competitors doing?
3. What are the things you take into consideration when you think about whether or not to provide health insurance for your employees? (open to the group)

Probes:

- Cost and affordability.
 - Premium contribution by employers and employees (cost sharing)
 - Effects of consistently increasing premium costs
- Administrative red tape (private, state and federal).
- Health insurance as access to health care.
- Noblesse oblige or other moral imperatives.
- To attract/retain employees.
- The role of government.
- Role of personal responsibility by employer and employees.
- What might motivate employers to offer coverage?
 - Subsidies to employers/employees
 - Financial/tax incentives
 - Purchasing alliances
 - Other options considered by project

- Placeholder for questions coming directly out of the data gaps analyses.

Probe: Ask about the policy options that are aimed at this group.

C. Public program managers and provider staff who work with the uninsured

Preamble: We want to talk with you so that we can better understand how individuals make decisions concerning health insurance coverage.

As I talk with you, my colleague [Larkin] will be taking notes and I will be running this tape. We will note what gets said but we will not note who says it. After the focus group is completed we will summarize our notes and report what we learned to the rest of our study team. Only people who work on the study will see the notes and listen to the recorded information. That information will remain anonymous and will not be used for any purpose other than this study. We will keep the tapes for one year, and then they will be erased. We will use this information to make a report to the state and the federal government that makes recommendations for ways to increase the number of persons with health insurance. Some of our findings and recommendations will be made public through newspaper reports and policy documents.

You were invited today because you represent managers of public programs and provider staff who work with the uninsured. We think you will be able to help us to learn more about the reasons and circumstances contributing to why your clients do or do not have health insurance.

Your participation in this study will not be disclosed to anyone outside of the research staff without your approval. You may refuse to answer any question during the discussion. Your participation is voluntary, and you may discontinue participation at any time.

There are minimal risks to participating in this focus group. You may experience discomfort speaking in front of others. We ask that each participant respect what each person has to say and not share that information with others outside of the group.

To compensate you for your time and participation, we will provide you with a meal.

Does anyone have any questions?

- Warm up question (round robin): Name, where you work, and how long you have worked there.

In general, do your clients have health insurance? (round robin.)

- If yes, what is it? How do they get insurance? For those who do not have insurance, what are the circumstances that caused them to be without it?
- What do you think your clients take into consideration when they think about whether or not to have health insurance? (open to the group)

Probes:

- How important it is for them and their family to have health insurance?
- Their clients' knowledge of what products are available to them.
 - Understanding eligibility for public and private programs
- What it would cost their clients to purchase/sign up for a new/different health plan.

- Where health insurance falls in their clients' lists of "big ticket" purchases (e.g., rent, transportation, retirement savings, recreation, etc.), and how this affects their decisions/willingness to buy health insurance. For clients with insurance, what makes it affordable? For clients without insurance, what would make them more likely to purchase it?
 - Options for and affordability of coverage for clients' family members
- Administrative red tape (private, state, and federal).
- Reliance on other "safety nets" (insured vs. uninsured).
 - Public clinics
 - ER
 - Family members for financial assistance
- Stigma of welfare/charity (insured vs. uninsured).
 - Acceptability/feasibility of receiving care from a public or free clinic
 - Willingness of their clients to accept subsidy for employer-based or private insurance.
- Risk assessment.
 - Importance of health insurance
 - Risk-taking
- Asset protection.
- Health insurance as access to health care.
- Beliefs and attitudes about health and health insurance.
 - Who do your clients think should be responsible for paying for health insurance and health care (i.e. role of employer, government)? What do your clients believe their responsibility is in paying for health insurance? Who do program managers believe are responsible for paying for health insurance and health care?
 - Importance of being in good health
 - Clients' belief that problems will go away on their own
 - Fatalistic attitude
 - Clients' belief that they only need to see a doctor when a health problem becomes severe - how this influences their decision to buy health insurance
- Who do their clients trust for information about health insurance? Where do they go for information?

4. Do you have any ideas that would help increase access to health insurance for the clients with whom you work?

5. Placeholder for questions coming directly out of the data gaps analyses.

Probe: Test policy options relevant to this group